

**CLAIMS ONLY**

**Application Number**

**Filing Date**

**Applicant(s)**

12-19-95

\* May be used for additional claims or amendments

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep					2					
Total Depend					14					
Total Claims					16					